

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                               |                                     |                       |  |                 |
|---|-------------------------------------|-----------------------|--|-----------------|
| 1 Date of Request: <u>7-28-05</u>                           | 2 Serial/Patent # <u>10/526752</u>  |                       |  |                 |
| 3 Please refund the following fee(s):                       | 4 PAPER NUMBER                      | 5 DATE FILED          | 6 AMOUNT   |                 |
| Filing  |                                     |                       | \$   |                 |
| Amendment   |                                     |                       | \$   |                 |
| Extension of Time   |                                     |                       | \$   |                 |
| Notice of Appeal/Appeal                                     |                                     |                       | \$   |                 |
| Petition  |                                     |                       | \$   |                 |
| Issue   |                                     |                       | \$   |                 |
| Cert of Correction/Terminal Disc.                           |                                     |                       | \$   |                 |
| Maintenance   |                                     |                       | \$   |                 |
| Assignment  |                                     |                       | \$   |                 |
| Other   |                                     |                       | \$   |                 |
|   |                                     |                       | 7 TOTAL AMOUNT OF REFUND   | <u>\$ 50.00</u> |
| 8 TO BE REFUNDED BY:  |                                     |                       |  |                 |
| 10 REASON:  |                                     | Treasury Check        |  |                 |
| Overpayment   | <input checked="" type="checkbox"/> | Credit Deposit A/C #: |  |                 |
| Duplicate Payment   | <input type="checkbox"/>            | 9 <u>50--1924</u>     |  |                 |
| No Fee Due (Explanation):<br><br><u>Fee Code Correction</u> |                                     |                       |  |                 |
| 11 REFUND REQUESTED BY:                                     |                                     |                       |  |                 |
| TYPED/PRINTED NAME: <u>B.A.C.</u>                           |                                     |                       | TITLE: _____   |                 |
| SIGNATURE: <u>BAC</u>                                       |                                     |                       | PHONE: _____   |                 |
| OFFICE: <u>PCT-DO-EO</u>                                    |                                     |                       | Ref: 07/28/2005 DOCKET: 10526752<br>DHR:501924 Name/Number:10526752<br>FC: 9204 \$50.00 CR |                 |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                   |                                     |                       |  |                 |
| APPROVED: _____   |                                     |                       | DATE: _____  |                 |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B